



Request for Copies of Forms

Additional information may be required to process your request.

Name: _____
(Please print)

Social Security Number: _____

Contact Phone Number: _____

I, _____, request a copy of my tax return for the year(s) _____.
(Name)

☐ Include all other documentation for the year(s).

Please send the copy of my tax return to:

Or fax to:

Signature: _____

All information must be provided to process your request.

Please mail all requests and/or payments to:

Montana Department of Revenue
Attn: Processing and Retention Operations
PO Box 5805
Helena MT 59604-5805

Requests may be faxed to (406) 444-1505.

There is a 50¢ per page charge for this service. A standard return is two pages. Additional schedules and documents can be requested.

Please indicate on your check memo line that the payment is for a copy(ies) of a tax return(s).